

APPLICATION AND ORDER FOR RELEASE OF EXCESS DEPOSIT

A. Application (To be completed by Applicant)

	(Name of Insurer)	(NAIC#)
A (Dom	icile State) corporation, is filing this application as	required by A.R.S. § 20-
588 for release of funds depos	ited with the Arizona State Treasurer, which total \$	\$
in par/face value.		
I certify, as a duly authorized o	fficer, that such funds are in excess of the required	d deposit amount of
\$	_ and that upon release, the remaining amount of	funds on deposit,
measured as the lessor of \$	in par/face value or \$ _	
in current market value, satisfy	our deposit requirement.	
Signed:	Dated:	
In my capacity as:		(Title)

B. Order (To be completed by Department of Insurance and Financial Institutions)

By authority of the Director of Insurance and Financial Institutions delegated in accordance with A.R.S. § 20-148 and A.R.S. § 20-150, and in accordance with A.R.S. § 20-588, IT IS HEREBY ORDERED approving the application for release of excess deposit set forth above,

effective this	day of		
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Kurt Regner, CFE	
Assistant Director,	Insurance Financial Affairs Division

Emailed this ______, ____, _____

by _____

Form E126XS (v 20210326)